FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated average	Estimated average burden					
hours per respon	se16.00					

SEC US	E ONLY
Prefix	Serial
DATE RI	CEIVED
1	1

Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	Rule 505 Rule 506 Section 4(6)	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and i	name has changed and indicate change.)	06049118 (
Mystique Brands LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
9-29th Street, Brooklyn, NY 11232	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(718) 384-2400 Telephone Number (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	receptione Number (menualing Area Code)
Brief Description of Business		
)	PROCESCEN
Type of Business Organization	: *nerchin_already formed	please specify):
	tnership, to be formed	APR 1 7 2005
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two CN for C		mated B FINANCIAL GILD
GENERAL INSTRUCTIONS		A
Federal: Who Must File: All issuers making an offering of securitie: 77d(6).	s in reliance on an exemption under Regulation D	or Section 4(6). 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 da and Exchange Commission (SEC) on the earlier of the dat which it is due, on the date it was mailed by United State	te/it is received by the SEC at the address given b	g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission	on, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be f photocopies of the manually signed copy or bear typed or	rled with the SEC, one of which must be manual printed signatures.	lly signed. Any copies not manually signed must be
Information Required: A new filing must contain all info thereto, the information requested in Part C, and any mate not be filed with the SEC.	prmation requested. Amendments need only reprint changes from the information previously supp	ort the name of the issuer and offering, any changes plied in Parts A and B. Part Ξ and the Appendix need
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Unit ULOE and that have adopted this form. Issuers relying are to be, or have been made. If a state requires the paraccompany this form. This notice shall be filed in the this notice and must be completed.	g on ULOE must file a separate notice with the syment of a fee as a precondition to the claim for appropriate states in accordance with state law	Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall
	ATTENTION —	examplian Conversaly failure to file the
Failure to file notice in the appropriate states appropriate federal notice will not result in a filing of a federal notice.	s will not result in a loss of the federal 6 loss of an available state exemption unl	less such exemption is predictated on the
SEC 1972 (6-02) Persons who respond to required to respond unl	o the collection of information contained less the form displays a currently valid O	l in this form are not MB control number. I of 9

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	✓ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Wahl, Andrew	f individual)		_,,	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre 100 West 26th St., New	-	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Herzog, David	f individual)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A-C
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
63 Lefante Way, Bayonne	e, NJ 07002				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Herzog, Mordechai	if individual)				
Business or Residence Addre		Street, City, State, Zip C	ode)		
63 Lefante Way, Bayonne	e, NJ 07002				······································
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3		
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)		
	(Use hl	ank sheet, or conv and use	e additional copies of this	sheet, as necessary	7)
	(000 01	and and and and		,	,

				B. IN	FORMATI	ON ABOU	r offeri	₹G				
I. Has the	issuer sold	, or does th	e issuer in	tend to sel	l, to non-ac	credited in	nvestors in	this offeri	ng?		Yes	No 🗷
Answer also in Appendix, Column 2, if filing under ULOE.										400	000.00	
2. What is the minimum investment that will be accepted from any individual?										\$,000.00	
. Does th	e offering	p er mit joint	ownershij	p of a sing	le unit?				•••••		Yes E	No
Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
ull Name (Zeller, Neil	Last name	first, if indi	vidual)					.,				
Business or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
		n, NY 1123										
Name of As	sociated Br	oker or Dea	ıler								•	
States in WI	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers	 	· · , · · , · · · · · · · · · · · · · ·	,			,
(Check	"All States	s" or check	individual	States)		•••••		••••••		•••••	☐ All	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	KY KY TX	CO LA NM UT	ME NXI VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Business of	r Residence	e Address (P	Number an	d Street, C	City, State,	Zip Code)						
Name of As	Sociated B	roker or De	aier									
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers	}					
(Check	"All State	s" or check	individua	States)							☐ Al	l States
AL IL MT RI	IN NE SC	IA NV SD	AR KS NH N	CA KY NJ TX	LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)		·!	***********				······································		
Business o	r Residence	e Address (I	Number ar	nd Street, C	City, State,	Zip Code)		· · · · · · · · · · · · · · · · · · ·				
Name of As	ssociated B	roker or De	aler		<u>i</u> ;			· · · · · · · · · · · · · · · · · · ·				
States in W	hich Person	n Listed Ha	Solicited	or Intends	s to Solicit	Purchasers	3	 				
(Check	"All State	s" or check	individua	l States)	······································	•••••		•••••			☐ Al	I States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already So d
	Debt	3	\$
	Equity	S	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests		\$
	Other (Specify LLC Units		
	Total	5,000,000.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		~ <u></u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount of Purchases
		Investors	
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	Z	\$ 55,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	-	\$ 200,000.00
	Other Expenses (identify) misc.		\$ 5,000.00
	Total		\$ 260,000.00
		فسيا	

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offerir and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$4,740,000.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of a proceeds to the issuer set forth in response to Part of	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		2 \$ 20,000.00	 \$
	Purchase of real estate		\$	 \$
	Purchase, rental or leasing and installation of mach and equipment	ninery	s	\$5,000.00
	Construction or leasing of plant buildings and facil	lities	 \$	S
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	\$	
	Repayment of indebtedness		\$	4,715,000.00
	Working capital		s	 \$
	Other (specify):		\$	\$
				. 🗆 \$
	Column Totals		\$ 20,000.00	\$ 4,720,000.00
	Total Payments Listed (column totals added)		_	740,000.00
Г		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commi	ssion, upon writte	tle 505, the following on request of its staff,
Iss	uer (Print or Type)	Signature	Date	
	ystique Barnds LLC		March 3, 2006	
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Αn	drew Wahl	CEO		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1.	Is any party described in 17 CFI provisions of such rule?	R 230.262 presently subject to any of the disqua	alification Yes No						
		See Appendix, Column 5, for state resp	ponse.						
2.	The undersigned issuer hereby up D (17 CFR 239.500) at such time		any state in which this notice is filed a notice on Fo						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	limited Offering Exemption (UL	nts that the issuer is familiar with the conditions LOE) of the state in which this notice is filed and on of establishing that these conditions have been	s that must be satisfied to be entitled to the Uniford understands that the issuer claiming the availabien satisfied.						
	uer has read this notification and kn uthorized person.	nows the contents to be true and has duly gaused th	his notice to be signed on its behalf by the undersign						
Issuer ((Print or Type)	Signature	Date						
Mystiqu	ue Barnds LLC		March <u>3</u> , 2006						
Name ((Print or Type)	Title (Print or Type)							
Andre	w Wahi	CEO							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	investors		Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		Disquali under Sta (if yes, explana waiver (Part E-	fication te ULOE attach tion of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ									!	
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LA										
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MA	×		1							
MI										
MN										
MS										

APPENDIX	

1	to non-ac	to sell	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disquali under Sta (if yes, explana waive (Part E-	te ULOE attach tion of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT								L	
NE									
NV									
NH									
NJ	×		2						
NM									
NY	×		2						
NC	_								
ND									
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ОК									
OR									
PA								<u> </u>	
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VA									
WA									
wv									
WI									

	APPENDIX											
1		2	3		4							
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount pur		amount purchased in State				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY							· · · · · · · · · · · · · · · · · · ·					
PR												